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Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Application Number 10/622,259  
Confirmation No.: 3269  
Filing Date: 18 July 2003  
Document Submission Date: 17 April 2008

Art Unit: 2182  
Examiner: Hassan, Aurangzeb  
Inventor: Hausman, Steven Michael  
Docket: 2002P20760US01 (1009-029)

17 Apr 2008

Date

Kelly B. Smoker

Name of Certifier

*Kelly B. Smoker*

Signature of Certifier

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APR 17 2008

PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0561-0032

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# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27.

<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		<b>1860.00</b>	
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<b>Complete if Known:</b>	
Application Number	10/622,259
Filing Date	18 July 2003
First Named Inventor	Hausman, Steven Michael
Examiner Name	Hassan, Aurangzeb
Art Unit	2182
Attorney Docket No.	2002P20760US01 (1009-029)

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** Extra Claims Fee (\$)

20 or HP = 0 x 60 = 0

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** Extra Claims Fee (\$)

3 or HP = 0 x 210 = 0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100		0	250	0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Office Request for Continued Examination (RCE), Third Month Extension	1860

<b>SUBMITTED BY</b>		Registration No. 40,014	Telephone 434-972-9888
Signature	<i>Michael N. Haynes</i>	(Attorney/Agent)	
Name (Print/Type)	Michael N. Haynes	Date	17 Apr 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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